EXECUTIVE OFFICE OF ELDER AFFAIRS

STATE LONG TERM CARE

OMBUDSMAN PROGRAM

ANNUAL REPORT

TO THE LEGISLATURE

FISCAL YEAR 1987

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Dedication

This report is dedicated to the memory of the Ombudspeople who died in the past year. All were committed, dedicated individuals who shared their time and talent to assist nursing and rest home residents enjoy better lives. They will be missed by their residents and colleagues alike.

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Executive Summary

The Massachusetts Long Term Care Ombudsman Program is a major program of the Executive Office of Elder Affairs. The Program provides complaint resolution services and advocacy to the nearly 55,000 residents of Massachusetts Nursing and Rest Homes.

The Ombudsman Program is required by Massachusetts General Law Chapter 19A Section 33 to prepare an Annual Report to the Legislature on the Program's activities as well as its Findings and Recommendations on Long Term Care. This Report fulfills this requirement.

The Ombudsman Program continues to make great strides in improving program services and affecting positive changes to the Long Term Care System. The program is staffed by 290 workers, many of whom are older volunteers. They are all trained and certified by the State Long Term Care Ombudsman Program. The Ombudspeople visit nursing and rest homes on a weekly basis, making more than 1 million resident contacts per year. When residents have a problem, they seek the assistance of the Ombudsperson who attempts to resolve the complaint within the facility. In the State Fiscal Year 1987, the Ombudsman Program processed more than 5,100 complaints and problems, 95% of which were resolved in cooperation with the facilities. Coverage of the facilities improves every year. In Fiscal Year 1987, eighty-five (85%) percent of the Commonwealth's nursing and rest homes received regular Ombudsman visitation and every year brings the program closer to the goal of serving 100% of the homes weekly.

Ombudsman advocacy efforts include legislative and regulatory reform to improve the quality of care, life and environment in nursing and rest homes. There were significant advances in this area: passage of the Nurses Aide Training Legislation; increased disciplinary actions against unprofessional administrators by the Board of Registration of Nursing Home Administrators; findings of Medicaid discrimination brought against facilities; and improved wages for nurses aides and other nursing home workers.

While the facilities in Massachusetts are generally providing good care, there are problems which continue to plague many facilities, including an inadequate labor supply, a lack of physicians willing to treat nursing and rest home residents, and deteriorating physical plants. Other problems, such as Medicaid discrimination, residents rights violations, lack of privacy, and access to community services are of particular concern to Ombudspeople who work to resolve residents' problems.

The Ombudspeople report all issues which they address, resident specific or general conditions in the home, to the State Ombudsman's office via a standardized, reporting process. The data is then analyzed and trends are identified. Ombudspeople are periodically polled as to major problems and needed corrective actions. Many of the recommendations contained in this report come directly from Ombudspeople who have identified barriers to quality of care.

The recommendations fall into three major categories: legislative action, regulatory reform or policy initiatives. The major recommendations of these reports are:

- o A comprehensive review of all Long Term Care licensing regulations, in particular, staffing, to meet the needs of today's residents.

- o Passage of Equal Access Legislation to eliminate the problem of Medicaid discrimination on admission to nursing Homes.

- o The development of a plan to address the aging physical plants of wood-frame Level III facilities, including planning for replacement beds.

- o The development of a Work Group comprised of the Executive Offices of Human Services and Elder Affairs, and the Massachusetts Medical Society to identify creative programs to increase the pool of available physicians to serve nursing and rest home residents.

All of the recommendations contained in this report will require a cooperative effort from the Legislature, regulatory agencies, advocacy groups, Ombudspeople, residents and the long term care industry. Massachusetts is fortunate because it has a strong base from which to build new and innovative programs and services.

INTRODUCTION

INTRODUCTION

The Massachusetts Long Term Care Ombudsman Program

The word Ombudsman is a title for an individual who receives and investigates complaints from the public regarding an institution and through various dispute resolution techniques, attempts to develop a cooperative resolution.

The Long Term Care Ombudsman Program was established in Massachusetts in 1973 as a program of the Executive Office of Elder Affairs for the benefit of the Commonwealth's 55,000 elderly residents of nursing and rest homes. It is a mandated program under the Federal Older Americans Act which funds the activities, and is also established by Massachusetts General Law Chapter 19A S28 to permit Ombudsman Representatives access to all licensed facilities. The Program, like other Ombudsman Programs, has four main goals:

1. The receipt, investigation and resolution of nursing and rest home complaints

2. The protection of the rights of residents

3. The provision of information on Long Term Care Issues to residents, families and staff

4. Advocating for positive changes to the Long Term Care System which will have an impact on the quality of care, life and environment in all Massachusetts nursing and rest homes

An extraordinary component of the Long Term Care Ombudsman Program is that most of the services are provided by trained and certified elderly volunteers, who donate their time in one of twenty-seven local Ombudsman Programs statewide. As a result of their dedication, six hundred forty-three nursing and rest homes received weekly Ombudsman visits. This represents 85% of the total number of homes. Additionally, Ombudspeople made 1,011,374 residents contacts, an increase of more than 15% over Fiscal Year 1986.

Massachusetts Ombudspeople collectively processed 5100 complaints and problems of residents, families, staff and others. The complaints range from quality of life issues such as availability of activities and access to outside services to serious patient neglect issues. The vast majority of the complaints are resolved working cooperatively with the staff. In those cases when the complaints could not be resolved by the State Ombudsman Network or instances of abuse, mistreatment or neglect, referrals are made to the various state agencies having jurisdiction over the complaint.

The State Ombudsman Program trains and certifies all Ombudspeople and oversees all program operations. The State Ombudsman Program also coordinates the advocacy efforts of the Program by filing legislation, drafting and commenting in regulations and participating on various state agencies' task forces to represent the residents' issues.

The continued goals of the Ombudsman Program will be the expansion of the program to 100% of all licensed and rest homes, greater sophistication in complaint resolution by the Ombudspeople and the development of interagency agreements which will enhance the program's capacity to serve the nearly 55,000 residents of nursing and rest homes.

MAJOR ACCOMPLISHMENTS

MAJOR ACCOMPLISHMENTS

On both the State and local levels, there were many accomplishments of the Statewide Long Term Care Ombudsmam Program which resulted in improved quality of life and care for residents in Long Term Care facilities.

Quality of Care Conference

In September 1986, the Ombudsman Program, under the direction of the Executive Office of Elder Affairs, organized a statewide conference entitled Quality of Care: Issues in Long Term Care. The program consisted of fifteen different workshops which were designed to assist facility staff, advocates, family members and Ombudspeople to better serve the residents. More than 200 people attended.

Nurses Aide Training Legislation

The Executive Office of Elder Affairs filed a bill to require all nursing and rest home nurses aides receive 60 hours of training. Due to strong support of the Ombudspeople in the Legislative Process, this law was enacted in December 1986.

Conferences

The State Ombudsman Program Staff participated in several large conferences which were focused on improved care or observation of residents rights.

- o Workshop on Nurses Aide Training
- o Workshop on Equal Access to Nursing Homes to address Medicaid Discrimination.
- o Legislative Introduction Seminars to aquaint new members of the Legislature with Long Term Care Issues.
- o All levels of Ombudspeople participated in Elder Advocates Training sponsored by EOEA to provide individuals who wished to assist elderly people with the information and skills to do so.

Equal Access Legislation

- o The Secretary of Elder Affairs, at the urging of the Statewide Ombudsman Program, filed Legislation to Ensure Equal Access to Long Term Care Facilities.

Editorial Response

The State Long Term Care Ombudsman taped an Editorial Response for Channel 5, WCVB, on Medicaid discrimination which was aired in January 1987. As a result of the Editorial, many elders and their families received correct information about their rights on admission to nursing homes and how to receive assistance.

Media Efforts

Throughout the State, the State Ombudsman and Local Ombudsman Program Directors participated in numerous Cable T.V., Radio and Newspaper interviews to inform the public about Long Term Care Issues and Rights.

Interagency Work

The State and local Ombudsman Programs devote a considerable amount of time to advocating and cooperating with state and federal regulatory agencies to improve the conditions in nursing and rest homes while also working to recognize rights and promote increased dignity.

The Board of Registration of Nursing Home Administrators

This Board is charged with licensing and ensuring the conduct of Nursing Home Administrators, and due to the advocacy of the State Ombudsman, and others, it adopted a new policy of reviewing each case of Medicaid Decertification to determine if the actions of the administrator were inappropriate. The Board has been conducting hearings and has imposed disciplinary actions against several administrators who failed to act in a manner that would ensure residents' safety.

The Department of Public Health

The Ombudsman Program actively participated on several task forces which were developing new regulations:

- Regulations for Nurses Aide Training.
- Regulations for the implementation of a new rest home category designed to meet the Mental Health Needs of the Residents called Community Support Facilities.
- Voluntary Closure Regulations which protect residents when a facility voluntarily decides to shut down.

PACS Survey Process

The Ombudsman Program has been forging new ground to better cooperate with the Department Public Health to implement the Patient Care and Services (PACS) Survey Process. Hopefully with Ombudspeople encouraging residents to discuss concerns with surveyors, a better profile of the facility will be developed.

Enforcement Cases

Many of the enforcement actions taken by the Department of Public Health have been the result of complaint cases filed by the Ombudspeople. Once an action is taken against a facility, Ombudspeople are instrumental in reassuring residents and informing the Department of Public Health of changing conditions. In cases where Patient Protective Receivers are appointed, or when the Federal Health Care Financing Administration imposes a twenty-three-day "fast track decertification" the Ombudsman's role is particularly critical.

Joint Trainings to Improve Ombudsman Skills.

Throughout the year, staff from the Department of Public Health provide training to the Ombudsman Program Directors in such areas of abuse and neglect, enforcement actions and Life Safety Code Issues to sharpen the skills of the field staff. In the future, Ombudspeople may participate in the training of surveyors to provide them with information the role and function of Ombudspeople in the facilities.

Department of Public Welfare

Relocation Efforts

When a facility closes and residents are relocated, the Ombudsman Program cooperates with DPW Relocation Team to identify the new facilities and, once relocated, the Ombudspeople make a visit to the residents to ensure that they are settling into the new environment and have no special complaints associated with the transfer, such as lost clothing or not receiving their mail.

Provider Review and Sections Unit

Unresolved cases of personal needs accounts problems are forwarded to this unit for an audit. As a result of joint discussions, the unit is now requiring facilities to make restitution to residents when there are discrepancies in the accounts.

Attorney General's Office

Consumer Protection

The Ombudsman Program works closely with this unit on a variety of cases. In the past year, the program was instrumental in identifying cases of Medicaid discrimination, illegal transfers, and patients rights violations. The Attorney General's Staff then provided intervention and subsequently resolved the cases to the benefit of the residents.

Medicaid Fraud Control Unit

Under a recently passed law, the Ombudsman Program must report all cases of suspected Abuse, Mistreatment and Neglect to the M.F.C. Unit as well as to the Department of Public Health. There were several criminal investigations conducted as a result of Ombudsman complaints during the past year.

The Department of Mental Retardation

The Ombudsman Program has been participating in an on-going effort to improve services to mentally retarded residents of nursing and rest homes and has developed standards of practice for complaint referral. Further, a memorandum of understanding has been developed between the Department of Mental Retardation and Elder Affairs to enhance our efforts on behalf of mentally retarded nursing home residents.

Rate Setting Commission

The Ombudsman Program actively participated in the process to develop the Case Mix Reimbursement Program which will be implemented shortly. Additionally, the State Ombudsman appeared and commented at the public hearings which were held on proposed regulations to implement nursing home workers wage increases.

Executive Office of Human Services

The Program worked for many months on the EOHS Advisory Committee on Bed Need which ultimately resulted in comprehensive changes being made to the bed planning formula. These changes will address some of the immediate need for new beds.

Legislative Efforts

The Ombudsman Program, in addition to filing and advocating for the Equal Access Bill, also reviewed, prepared testimony and advocated for the following pieces of legislation.

- o The Long Term Care Licensee Suitability Bill.
- o The Regulation of Nursing Pools Bill.
- o Worker Availability Legislation.

Local Efforts

The success of this program in assisting residents is a direct result of the day to day efforts of Ombudspeople who were able to resolve 95% of the 5,100 complaints received, working in cooperation with the staff and with local agencies. Their particular strength, however, is their regular presence in the facilities which is of great benefit to the residents as well as the various state and federal regulatory agencies working to ensure quality of care.

FINDINGS
PROGRESS
&
RECOMMENDATIONS

FINDINGS AND RECOMMENDATIONS

The past year was a turning point in the provision of long term care services to elders. It was a year when many reforms were put into place resulting in improved quality of life and care for the 55,000 residents.

This report contains issues which were identified by Ombudspeople throughout the state, trends highlighted by complaints, as well as generally acknowledged barriers to quality of care such as worker shortages. For the first time, and as a direct result of the many changes which have happened, this report contains the progress made recently which has had a positive impact on the issues identified.

While the areas of concern are varied, there are several common threads: lack of workers at all levels to provide quality of care; the absence of a comprehensive long term care plan to address present and future long term care needs; and a society that has not fully come to understand the importance of nursing and rest home residents as vital, contributing members of society, who should be treated with dignity and respect.

The long term care industry, while being primarily accountable for conditions within the facilities, can not be held solely responsible for the current problems of the system. As the recommendations reflect, there must be a partnership established among residents, advocacy groups, state government officials, the Legislature and the industry, to work together to implement these goals and recommendations.

The Recommendations which follow each identified issue result from responses to a statewide poll of all the Ombudspeople as well as initiatives pursued by the Executive Office of Elder Affairs. The Recommendations take several forms: changes in policy; regulatory reform; and the enactment of new legislation.

PATIENT CARE

Nearly one third of the Ombudsman 5100 Complaints involve Patient Care Issues. These Complaints include inadequate services, unanswered call bells, abuse, mistreatment and neglect and lack of restorative therapy. The major contributing factor for these complaints appears to be an overall lack of staff, professional and paraprofessional , a problem which is exacerbated by low wages, no career advancement and lack of status.

Inadequate Nursing Staff - Throughout the Commonwealth, facilities are reporting great difficulties in hiring and retaining adequate staff to meet the needs of the residents. In some areas, the needs are so great that facilities are using pools extensively or are forced to hire individuals who lack training and the appropriate attitudes, to care for elders. Poor salaries are most commonly cited as the problem. Some of the complaints which arise relate to aides who do not speak or read English, medication mistakes which result from nurses unfamiliar with the residents, facilities who are unable to fire inappropriate staff because there is no one to replace them, and stressed and overburden existing staff.

Lack of Restorative Care

In addition to a general lack of staff, present Department of Public Health staffing requirements are outmoded. For instance, several years ago the Department of Public Health calculated the mean number of nursing hours for skilled residents to be approximately three hours. The regulations presently state that skilled facilities must provide two (2) hours of nursing care per patient. As the nursing needs continue to increase for nursing home residents, the number of hours must reflect their needs. Without clear direction for the minimum number of nursing hours per resident, resident care will suffer. Ombudspeople report there is an overall lack of restorative therapy or attention to maintenance of function. Sadly, it is more expedient to feed someone than it is to outfit a resident with adaptive devices, teach her new techniques to eat and then to oversee her efforts.

In many instances, bed-bound elders do not receive appropriate physical or mental stimulation causing greater deterioration, decubiti, contractures and confusion.

LACK OF PHYSICIAN RESPONSIVENESS

Residents often complain to Ombudspeople that their physicians are non-responsive. Facilities complain there is a limited number of physicians who are willing to follow patients residing in nursing or rest homes and often times those physicians refuse to keep to the schedule of examinations required by the Department of Public Health. This problem has been reported in past Annual Reports as a major issue which seems to be growing worse with the passage of time.

PROGRESS

There have been several important advances in the past year which will have a tremendous impact on the quality of patient care.

1) Passage by the Legislature of the Nurses Aide Training Act, requiring all nurses aides receive a minimum of sixty hours of training. The Department of Public Health is developing regulations and should be ready to implement the program during the second half of Fiscal Year 1988.

2) The development of a pilot prospective Case Mix Reimbursement Project by the Rate Setting Commission, and the Departments of Public Health and Welfare. Due to be implemented in the late spring, 1988, approximately one-hundred homes will participate in a new program that will tie the reimbursement to residents' care needs.

3) Increases in Nurses Aides Wages. The Legislature directed a six (6%) percent wage increase in Fiscal Year 1987 and an additional 3% wage increase for Fiscal Year 1988 to be used to increase the wages for aides, and other workers, beyond those limits set in the overall inflation factors. Both increases have been implemented by the Rate Setting Commission. Also, the Legislature mandated the creation of a Commission on Worker Availability in Long Term Care Services for the Elderly which will examine the wages of all Long Term Care Workers.

4) Increased efforts by the industry and educators to promote aging and Long Term Care Services which have had a great impact on the image of elders in nursing and rest homes as productive citizens, improves the morale of the workers and enhances the employment opportunities. One program links nursing students from the University of Massachusetts to nursing homes and will develop a curriculum and course outline on Nursing in Long Term Care Facilities.

RECOMMENDATIONS

Despite the positive advances, there continues to be a great need to take immediate steps to improve care. Many of the recommendations require not only collaborative efforts but also creativity. It is sometimes difficult, with such a large system, ruled by regulation and complicated bureaucratic systems, to bring about change. However, the past years' advances are a testament to the willingness of many to try.

RECOMMENDATION # 1

The Department of Public Health should begin an immediate review of the actual care needs of residents, and with input from advocates, the industry and the medical and nursing professionals, develop comprehensive staffing patterns which will truly reflect residents' needs. Specifically, we recommend that all nursing homes have licensed nursing personnel on 24 hours per-day, rehabilitative and maintenance therapy programs should be required for all residents and be reflected in the staffing requirements.

RECOMMENDATION # 2

The Board of Regents, the Board of Registration in Nursing, the Department of Public Health, the Executive Office of Elder Affairs and industry representatives develop a task force which will explore innovative ways to encourage nurses to enter the field of Long Term Care.

RECOMMENDATION # 3

The Legislature should move forward aggressively to implement recommendations arising from the Legislative Commission on the Use of Pools and Worker Availability in order to alleviate the employment crisis in Nursing and Rest Homes.

RECOMMENDATION # 4

The Executive Office of Human Service, the Board of Registration in Medicine, the Massachusetts Medical Society and the Executive Office of Elder Affairs should convene a work group which would establish a mechanism to identify pools of physicians who are appropriately trained and willing to serve elders residing in nursing and rest homes.

ACCESS TO CARE

Perhaps one of the most common problems elders and their families encounter is finding an appropriate Long Term Care Bed. There are several reasons which contribute to the difficulty and serve to frustrate and upset elders at a very critical point in their lives.

LACK OF AVAILABLE LONG TERM CARE BEDS

Locating an available bed, no matter what the source of payment, is often a time consuming process. Planning and construction have not kept pace with the demand. Planning is often done with targets and projections which are out-moded once ground is broken.

Special programs which were once thought to be adequate substitutes do not meet the intense medical, psychological and social needs of today's residents in all levels of care. The industry points to the difficulty it is encountering in obtaining land to build a facility and overcoming restrictive zoning requirements as impediments to new construction.

MEDICAID DISCRIMINATION

Discrimination by Long Term Care facilities against Medicaid recipients is against the law. However, despite the law, Medicaid discrimination on admission and upon conversion from private pay to Medicaid is common. Medicaid residents might wait three times as long for a bed than a private paying elder. Because the Commonwealth lacks a clear way to enforce the discrimination statute, there is very little that can be done in a general way, to assist the Medicaid applicants.

On a case by case basis, the Ombudsman Program and the Attorney General's staff have had reasonable success in identifying and resolving some Medicaid discrimination cases. However, the effectiveness is limited to cases which are egregious and are clear cases of discrimination. The majority of Medicaid applicants are not as fortunate.

State agencies, advocates and families are frustrated with the system:

> "How am I supposed to place my mother? When I call a facility and ask to put her name on the list, they tell me that they do not keep one. Exactly how do they admit people?"
>
> From a discharge planner. "We sent six Level 2 referrals to the home. The admitting committee agreed to screen only one, the private. When they came to the hospital, we told them, Mrs. M. the private was going to another home would they consider screening anyone else since they were there and obviously had a bed? No, they wouldn't even consider it".

ILLEGAL CONTRACTS

Many families and elders sign private payment contracts without carefully reading or considering all the outcomes. This is understandable because few people really plan in advance for a nursing home bed and must move quickly when one becomes available. Often this is a crisis time. Private payment contracts are not regulated, although it is assumed that they will follow general contract law and observe residents rights. However, many contracts reviewed by the Ombudsman Program contain provisions such as requiring the elder and next of kin to waive the facility's responsibility over the well-being of the resident and his/her possessions. Others require deposits and few detail all the services covered as is required.

PROGRESS

o In Fiscal Year 1987, the Attorney General's Office announced the findings of their investigation into Medicaid Discrimination and cited ten homes for practicing Medicaid Discrimination on Admission. All ten where ordered to keep waiting lists. An order of contempt was filed against one of the ten which failed to comply.

o The Executive Office of Human Services Bed Planning Group has made recommendations which address the conversion of under-utilized hospital beds to Long Term Care Beds and is attempting to address the lack of available land for construction.

o The new Case Mix Reimbursement Program will reimburse facilities at a higher level for those heavy care Medicaid residents, thereby reducing the incentive to admit only light care.

RECOMMENDATIONS

RECOMMENDATION # 1

The Legislature should enact a bill which would require all facilities to keep waiting lists and admit people in the sequence as their names appear.

RECOMMENDATION # 2

The Executive Offices of Human Services, and Elder Affairs, the Long Term Care industry, resident advocates and families should work together to develop a comprehensive Long Term Care Plan which will include planning priorities for the next fifteen to twenty years.

RECOMMENDATION # 3

The Attorney General, Executive Office of Elder Affairs, Advocates and the Industry should develop a standardized admissions contract, or provisions which would be used in Long Term Care Admissions, and would protect consumers' interests.

RECOMMENDATION # 4

The Determination of Need Program and the Rate Setting Commission should examine the feasibility of revising the regulations which address the costs of land acquisitions in order to encourage the construction of new facilities in targeted, high need and Medicaid occupancy areas.

RESIDENTS RIGHTS

The Ombudsman Program received 640 complaints which involved Resident Rights violations. Massachusetts was an early pioneer for the Rights of Nursing and Rest Home Residents. In 1975 the Attorney General promulgated consumer protection regulations which dealt with the rights of elders in long term care facilities. The Legislature has also been very responsive in enacting legislation which gave residents the right to Ombudsman Services, accrual of interest on their Personal Needs Allowances, the right to private, accessible telephones and locked boxes to keep their possessions.

RESIDENTS COUNCILS:

Despite Laws and Regulations ensuring residents be treated with dignity and respect, many residents still find they are patronized by staff who refuse to acknowledge and correct residents' complaints. Ombudspeople report that in many instances, Residents' Councils are ineffective and are merely an activity program. Residents do need the opportunity to register complaints about their lives in the nursing home. It provides them with the very necessary means to have control in their lives, providing dignity and independence.

PERSONAL NEEDS ALLOWANCES:

Personal Needs Allowances problems are also common. Residents who are on Medicaid receive $65.00 and on SSI in Rest Homes $79.84 per month. These funds are used by residents to purchase clothing, cigarettes, personal items and perhaps to have their hair done. However, the Ombudsman staff encounters elders who do not know they are to receive an allowance nor have they ever been told by the staff that the facility was keeping money on their behalf. Ombudsmen report that in some instances no quarterly accountings are provided.

Because there is no regular systematic accounting conducted by the Department of Public Welfare on facilities which oversee the funds of residents, residents may not receive the benefit of having a personal needs allowance.

Example: Residents in a Rest Home in Southeastern Massachusetts were given clothes by the Salvation Army because they were told they had no money to purchase new ones.

Part of the problem that exists is a result of a lack of independent money management programs for elders in nursing homes who lack the capacity to oversee their own funds. These programs would also be positive alternatives to permitting uninvolved family members to have the sole control over the money.

INAPPROPRIATE TRANSFERS

There are presently Attorney General Regulations which state a resident can not be transferred against his or her own will unless four specific conditions are met. Because the regulations do not state specifically that these regulations apply to transfers within the facility, residents often are moved for the convenience of the staff and with no prior notice. In many instances, these transfers are solely as the result of Medicaid Discrimination, when a private paying resident converts to Medicaid and is subsequently transferred from a private to semi-private room. Residents are rarely told of their rights to refuse.

Example # 1: A former private paying resident who recently converted to Medicaid was returned from lunch to a different room. She found her possessions on the middle bed in a three bed room

Example # 2: In 24 hours, a facility, with no prior notice, changed the rooms of forty elders. Residents were found crying because they were unable to find their possessions. A bed-bound resident said she felt like a piece of garbage and pointed to her clothing lying on the floor in a brown garbage bag.

LACK OF PRIVACY:

Few individuals would want their bodily functions discussed or medical treatments provided in a crowded room. However, this situation is a complaint registered with Ombudspeople by residents. Residents are found sitting on commodes with no privacy screens, incontinent care provided with doors open and women residents with no underclothes sitting in the hall tied into chairs. The cause may be a result of a lack of staff, inappropriate training or overburdened staff attempting to provide care in the most expeditious manner. However, the consequences are great to the residents. It also creates a lasting impression with visitors, perpetuating the notion of warehousing elders.

PROGRESS

The Ombudsman Program and staff of the Attorney General have cooperated to identify and prevent illegal transfers.

The Department of Public Health has developed new regulations which require facilities to keep residents' funds in interest bearing accounts and distribute the interest to residents.

The Department of Public Health has developed new regulations which address the voluntary closure of facilities protection residents from inappropriate transfers.

RECOMMENDATIONS

RECOMMENDATION # 1

The Attorney General staff should revise the Resident's Rights Regulations promulgated under the Consumer Protection Act to include prohibitions specifically for inappropriate intrafacility transfers.

RECOMMENDATION # 2

The Department of Public Health should vigorously enforce DPH Regulations on Voluntary Closure and impose fines against violators.

RECOMMENDATION # 3

The Executive Office of Elder Affairs, the Executive Office of Human Services, the Department of Public Welfare, Attorney General's Staff and the Elderly Legal Coalition should develop pilot money management programs to assist community and institutional based elders who are unable to manage their own funds. These programs could serve as alternatives to guardianship.

RECOMMENDATION # 4

The Attorney General should also revise the Patients' Rights Regulations to include that all facilities have Resident Councils; that Councils be required to keep minutes of grievances presented; and each facility must keep written records of its actions to address the Resident Council's Concerns.

ENVIRONMENT

The Ombudsman Program in Fiscal Year 1987 received 772 complaints about nursing and rest home environments, the second most common area of complaint. Complaints include dirty facilities, unattractive, dingy environments, lack of space, poor ventilation, inaccessible stairways and lack of adequate bathroom facilities.

Wood-frame Level III facilities and Rest Homes

Many of these licensed nursing and rest homes have been converted from private housing and often lack adequate space and common areas for residents. There are 130 wood-frame Level 3 facilities in this state. Many of the decertifications which took place in Massachusetts in the past year involved wood-frame Level 3 facilities which failed to meet environmental standards. Peeling paint, dingy walls, ceilings and windows in need of repair are common problems identified.

The lack of space is cited by Ombudspeople frequently as one of the barriers to good quality of life. When four or five residents in wheelchairs are all crowded into one room, residents feel confined. Similarly, large numbers of residents using one bathroom cause problems of cleanliness, privacy and sanitation.

As one Ombudsman stated:

"There should be more two-bed rooms, rather than three or four beds. I would hate to spend the rest of my life in a middle bed with one little nightstand and curtains pulled all around me. It's like being in jail. There should be more than one bathroom for 6 people. There should be pretty bed spreads with draperies to match, not faded old rags".

Ventilation

Ventilation in nursing and rest homes is a problem. No visitor will ever forget the day she opened the door to a nursing home and smelled a strong urine odor. In the summer time many residents complain of the heat and lack of ventilation.

Accessibility

Old facilities often have steep, narrow staircases which are difficult to climb. Few facilities have elevators and once a person with mobility problems descends the stairs in the morning, they are physically unable to return until bed time. They do not have the opportunity to return to their rooms to rest or to have a few moments of privacy.

Design of Facilities

Older facilities are not the only places which present problems for residents. Environment is critical to residents' enjoyment of their lives. Facilities which are designed for visitors and not for staff and residents need change. Residents often describe their need to have access to the outside, including visual access.

Many residents never leave the facility, lacking the family, means of transportation, and an accessible path from facility. Residents who have Alzheimers Disease often exhibit the symptom of pacing or wandering. Lacking a secure, outside area, many of these residents are restrained to prevent them from leaving the home through an outside door.

PROGRESS

While some of the newly constructed facilities have large spacious activities and dining areas, outside walking paths, equipped with railings and benches, there are 130 wood frame Level III facilities, many of which have deteriorating physical plants.

RECOMMENDATIONS

RECOMMENDATION # 1

The Department of Public Health should revise its regulations regarding waivers for compliance with activities, dining and space requirements for nursing and rest homes and work with the facilities to bring them into compliance.

RECOMMENDATION # 2

The Executive Office of Human Services should develop a long range plan for the construction of new long term care beds which will address the need to replace beds which currently exist in older out-moded wood-frame facilities.

RECOMMENDATION # 3

The Rate Setting Commission, the Department of Public Health, the Executive Office of Elder Affairs, the industry and consumer groups should form a task force to examine the barriers to a wood-frame, or other, older facility, to up-grade the physical plant of the facility in order to better meet the needs of the resident.

RECOMMENDATION # 4

The Industry, Long Term Care residents and advocacy groups should work together to develop low-cost, easily implemented plans which permit residents access to safe out-of-door areas.

ACTIVITIES

Lack of meaningful activities has repeatedly been cited by Ombudspeople and residents as a major barrier to quality of life. The most common types of complaints about activities include: lack of variety; untrained or lack of an Activities Director; activities which do not meet the needs of certain residents such as the bedbound; hearing impaired or male residents; and no access to outside activities

Activities stimulate residents, spark their interest in life, and help them achieve a sense of accomplishment in completing a project or helping others. Many people do not realize the number of volunteer hours many residents give to other people in need. These projects do require a trained, energetic activities staff with a budget sufficient enough to buy appropriate supplies. Endless games of Bingo are not the answer to productivity, nor are activities which demean residents who are older, valued adults. Activities should approximate the interests and hobbies residents had while living in their own homes.

The lack of transportation often serves to isolate elders living in nursing and rest homes from community activities and the observation of their religion. While some Area Agencies on Aging, Councils on Aging and Nursing homes have attempted to address the problem of transporting nursing and rest home residents, major gaps still exist. There are many residents who are physically able to travel and participate in activities but never have the opportunity due to limited resources and lack of a coordinated transportation system.

PROGRESS

o There has been progress made in recent years to address activities and transportation problems.

o The Massachusetts Long Term Care Foundation has encouraged the development of a Statewide Council of Activities Directors who regularly meet and discuss innovative activities programs. Additionally, courses are being offered which will aid directors in providing professional, meaningful activities programs.

o Several Council on Aging and Area Agencies on Aging have worked to include nursing and rest home residents into services and programs which are provided to elders living in their own homes or apartments. Specifically, there has been an effort made to improve access to transportation.

RECOMMENDATIONS

RECOMMENDATION # 1

The Department of Public Health should revise its regulations which pertain to the qualifications of an Activities Director, and require, at a minimum two years of training in activity programming for older, or impaired people.

RECOMMENDATION # 2

The Department of Public Health should revise the requirement for activity hours in a rest home and require the rest home to hire a trained, activities professional to provide the program.

RECOMMENDATION # 3

A task force comprised of representatives of the Executive Office of Elder Affairs, Councils on Aging, Executive Office of Transportation, Executive Office of Human Services, the Industry and resident advocacy groups should meet to identify barriers to transportation for residents and develop appropriate resolutions and plans which will meet residents' needs.

ADMINISTRATION

The field of Long Term Care is becoming increasingly complex and demanding. These new demands require administrators to be knowledgeable and thoughtful professionals. Administrators must oversee all the various departments within the facility, handle labor issues, recruit new employees, manage the financial affairs, and make the day to day decisions which have an enormous impact on residents' lives. Because many of the facilities are now owned by companies outside of Massachusetts, administrators, in many cases, must be advocates for better services for residents and staff before large multi-purpose corporations. Administrators set the tone and policies in each facility.

Yet, despite these demands, approximately 20% of the facilities do not have even half time administrators. The current regulations of the Department of Public Health require facilities with less than 60 Level III or 40 Level II beds to have an administrator only as needed. This requirement, or the lack of a definite policy, has led to some very unfortunate circumstances.

Example # 1: In an Fiscal Year 1987 enforcement action of the Department of Public Health against a chain of small level 3 facilities, numerous patient care, physical plant, patient services and patients rights violations were cited after repeated complaints from the Ombudsman Program. These five facilities had all shared one administrator who worked less than a five day work week. Each of these five facilities received reimbursement from the Rate Setting Commission for an administrator's salary.

Example # 2: An Ombudsman repeatedly identified physical plant problems and brought them to the attention of the charge nurse in a small level III facility. The Administrator was rarely available as he had full-time responsibilities at another facility. Eventually, all the complaints were referred to the Department of Public Health for regulatory intervention.

It is unfortunate that the residents in the facilities described in the examples had to suffer as a result of a lack of an administrator empowered to make the appropriate decisions which could have corrected deficiencies. "As needed" administration is clearly not sufficient to meet today's new mandates and responsibilities.

Similarly, the changing complexities of the rest home as a vital link in the continuum of long term care services is placing increasing demands on the role of "responsible person." The Responsible Person is truly a coordinator for the Rest home Services and must also function as the primary person in a rest home responsible for residents' safety, supervision and care. There are very few requirements presently in place for an individual with these responsibilities. It is clear that rest home residents should not be designated to fulfill this role on regular or emergency basis. Because of the diverse psychological and medical needs of residents, it is difficult to imagine proper supervision being provided by a sleeping individual and yet, there are few, if any, requirements which limit these practices.

PROGRESS

o The Rate Setting Commission recently revised the Administration, Policy and Planning Allowance to provide a higher financial schedule under case mix reimbursement in order to adequately provide for the salaries of professional administrators. It will also provide reimbursement for more than one administrator in homes of more than 100 beds.

oThe Board of Registration of Nursing Home Administrators has undertaken a new effort to thoughtfully review the actions of any licensed nursing home administrator who is overseeing a facility at the time of decertification, license renovation or the imposition of a Receiver by the Department of Public Health. The Board is taking appropriate disciplinary actions against the administrator if the Board finds the administrator failed to discharge his or her role in a responsible manner.

oThe Department of Public Health has recently revised its requirements for supervision in a rest home designated as a community support facility.

oThe Massachusetts Legislature recently passed the "Suitability Bill" which was signed into law. The Law requires that all prospective licensees submit to an in-depth review of their suitability as Health Care Licensees prior to any transactions, either business or real estate, occurring.

RECOMMENDATIONS

RECOMMENDATION # 1

The Department of Public Health should amend its regulations regarding administration to ensure all facilities have appropriate administration as well as establish a minimum of twenty hours per week for any licensed nursing home.

RECOMMENDATION # 2

The Department of Public Health should examine and amend the present requirements for a Responsible Person in a Rest home and specifically describe necessary training, 24 hour awake person, and prohibitions against using residents to fulfill any Responsible Person role

APPENDICES

EXECUTIVE OFFICE OF ELDER AFFAIRS
LONG TERM CARE OMBUDSMAN PROGRAM
PROGRAM SERVICES AND STAFFING

PROGRAM SERVICES:	FY 1986	FY 1987	INCREASE #	INCREASE %
Facilities Visited Regularly	613	643	30	+ 5%
Total Visits to Facilities	24,327	26,783	2,456	+10%
Resident Interviews	877,920	1,011,374	133,454	+15%
Complaints Investigated	4,891	5,164	273	+ 6%
Requests for Information and Referrals	3,911	4,839	928	+24%

STAFFING	FY 1986	FY 1987	CHANGE	% CHANGE
State Level Staff	8	8	-0-	-0-
Substate Program Staff:				
Local Ombudsman Directors	27	27	-0-	-0-
Volunteers	114	133	+19	+17%
Elder Service Corps	73	80	+ 7	+10%
Senior Aides	35	25	-10	-29%
Others	21	25	+ 4	+19%
Total Substate Staff	270	290	+20	+7%
Total Program Staff	278	298	20	+7%

EXECUTIVE OFFICE OF ELDER AFFAIRS
LONG TERM CARE OMBUDSMAN PROGRAM

COMPLAINTS INVESTIGATED IN FISCAL YEAR 1987

COMPLAINT CATEGORY	#	% of Total
RESIDENT CARE		
Abuse and Neglect---------->	204	4.0
Inadequate Hygiene Care---------->	178	3.4
Rehabilitative and Restorative Nursing-------->	158	3.1
Unanswered Help Calls---------->	105	2.0
Poor Medical Equipment---------->	102	2.0
Quality, Lack of Physician Services---------->	96	1.9
Medication Problems---------->	90	1.7
Quality, Lack of General Nursing Services (Staff Attitudes and training, Inadequate supervision of Resident)---------->	509	9.9
Quality, Lack of Other Services (diagnostic, dental, social, etc.)---------->	287	5.6
SUBTOTAL	1,729	33.5
FORMALIZED ACTIVITIES PROGRAMS----------> (quality, lack of)	105	2.0
FINANCIAL ISSUES----------> (e.g. Access to own money denied, Improper Accounting)	188	3.6
FOOD SERVICES----------> (e.g. unappetizing, little variety, food served cold)	578	11.2
ADMINISTRATIVE PROBLEMS----------> (e.g. understaffing, room assignments, Medicaid Discrimination)	581	11.3
RESIDENT RIGHTS----------> (e.g. Personal items lost or stolen; residents not treated with dignity and respect; violation of privacy)	640	12.4
BUILDING AND SANITATION----------> (e.g. cleanliness, safety factors, heating, cooling, and ventilation)	772	14.9
COMPLAINTS NOT AGAINST FACILITY----------> (e.g. residents' adjustment at facility; legal wills, and guardianship; community placement needed.)	571	11.1
TOTAL COMPLAINTS INVESTIGATED---------->	5,164	100.0

DEPARTMENT OF PUBLIC HEALTH
LONG TERM CARE COMPLAINTS INVESTIGATED
FISCAL YEAR 1987

COMPLAINT CATEGORY	#	% of Total
RESIDENT CARE	668	74.2
Patient Care	209	23.2
Patient Abuse	285	31.7
Lack of Nursing Services	71	7.9
Quality of Nursing Services	58	6.4
Formalized Programs	7	0.8
Quality and Lack of other Services	38	4.2
PHYSICIAN SERVICES-	4	0.4
Lack of Medical Services	3	0.3
Quality of Medical Services	1	0.1
FINANCIAL	1	0.1
FOOD SERVICES	40	4.4
ADMINISTRATIVE	48	5.3
Administrative Policies	38	4.2
Personnel	5	0.6
Incidents Facility	5	0.6
RESIDENT RIGHTS	70	7.8
BUILDING/SANITATION	55	6.1
Cleanliness	30	3.3
Physical Plant	25	2.8
Other	14	1.6
Total Complaints	900	100.0

STATE REGULATORY AGENCIES
LONG TERM CARE COMPLAINTS INVESTIGATED
FISCAL YEAR 1987

DEPARTMENT OF PUBLIC WELFARE	#	% TOTAL
Financial		
Personal Needs Allowance Accounts--------->	3	2.3
Credit Balance due Patient/Family--------->	1	0.7
	4	3.0
Administrative		
Non-Compliance with Long Term Care Regulations---------->	128	97.0
Total Complaints---------->	132	100.0

DEPARTMENT OF THE ATTORNEY GENERAL	#	% TOTAL
Resident Care		
Patient Abuse---------->	371	77.9
Patient Neglect---------->	79	16.6
	450	94.5
Administrative		
Medicaid Discrimination---------->	10	2.1
Neglect/Receivership---------->	3	0.6
Inappropriate Discharges---------->	1	0.2
	14*	2.9
Financial		
Personal needs Allowance Accounts--------->	12	2.5
Total Complaints	476	100.0

*The number of cases indicated is not representative of the number of elderly patients benefited by these actions. Each of these cases was brought on behalf of all patients in each of the 14 facilities which have 60 to 120 beds each.

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS TOTAL	#	%
Violation of Rules/Regulations of the Board---------->	5	83%
Violation of Laws of the Profession---------->	1	17%
	6	100%

SUMMARY OF LONG TERM CARE COMPLAINTS
INVESTIGATED BY STATE REGULATORY AGENCIES
FISCAL YEAR 1987

COMPLAINT CATEGORY	ELDER AFFAIRS	PUBLIC HEALTH	ATTORNEY GENERAL	PUBLIC WELFARE	BOARD OF REGIS OF N.H. ADM.	TOTAL COMPLAINTS	% OF TOTAL
RESIDENT CARE							
ABUSE AND NEGLECT	204	285	450	-	-	939	14.1
NURSING SERVICES	950	338	-	-	-	1288	19.3
MEDICAL EQUIPMENT	102	-	-	-	-	102	1.5
PHYSICIAN SERVICES	96	4	-	-	-	100	1.5
MEDICATION PROBLEMS	90	-	-	-	-	90	1.3
LACK OF OTHER SERVICES	287	38	-	-	-	325	4.9
SUBTOTAL	1,729	665	450	-	-	2,844	42.6
FORMAL ACTIVITY PROGRAMS	105	7	-	-	-	112	1.7
FINANCIAL ISSUES	188	1	12	4	-	205	3.1
FOOD SERVICES	578	40	-	-	-	618	9.3
ADMINISTRATIVE PROBLEMS	581	48	14	128	6	777	11.6
RESIDENTS RIGHTS	640	70	-	-	-	710	10.6
BUILDING AND SANITATION	772	55	-	-	-	827	12.4
OTHER	571	14	-	-	-	585	8.8
TOTAL COMPLAINTS	5,164	900	476	132	6	6,678	100.0

LONG TERM CARE FACILITY COMPLAINTS
OUTCOMES OF INVESTIGATIONS BY STATE AGENCIES
FISCAL YEAR 1987

EXECUTIVE OFFICE OF ELDER AFFAIRS	
Total complaints Investigated	5,164
Percent Justified	68%
Referrals to Dept. Public Health	333
Referrals to Attorney General's Office	223
DEPARTMENT OF PUBLIC HEALTH	
Total complaints Investigated	900
Percent Justified	36%
Deficiency letters sent	158
Consultations Provided	119
Referrals to Attorney General's Office	153
Facilities Decertified	15
DEPARTMENT OF PUBLIC WELFARE	
Total complaints Investigated	132
Percent Justified	97%
Total Patient Assessments	414
Total Patients Relocated	407
DEPARTMENT OF THE ATTORNEY GENERAL	
Total Abuse and Neglect Complaints	450
Criminal Investigations made	29
Criminal Prosecutions	2
Criminal Convictions	1
Referrals for Civil Administrative Action	421
Dept. of Public Health	415
Consumer Protection (AG)	3
State and Local Police	2
DPH Food and Drug Division	1
Total Personal Needs Allowance Complaints	12
Cases with Restitution Secured ($28,900)	2
Complaints not Justified	8
Cases pending	2
Cases in Violation of Consumer Protection Statute (chap. 93A)	14
Cases with Final Judgement	10
In Litigation	4
Placed in Receivership	3
In contempt of Court Order and Settled	1
BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS	
Total Complaints Received	6
Suspension of Licence for 2 years	1
Reprimand given	1
Finalized by Non-contest, Dismissed	3
Pending	1

LONG TERM CARE OMBUDSMAN PROGRAM
DISTRIBUTION OF COMPLAINTS BY COMPLAINANT GROUPS

COMPLAINANT GROUP	% OF TOTAL
1. RESIDENT	49.8%
2. OMBUDSMAN	26.3%
3. RELATIVE OF RESIDENT	11.1%
4. FACILITY STAFF	5.7%
5. FRIENDS/NEIGHBORS	1.6%
6. ANONYMOUS	1.2%
7. OTHERS (HOSPITALS, AAA, ETC.)	4.3%
TOTALS COMPLAINTS (5,164)	100.0%

STATE LONG TERM CARE OMBUDSMAN PROGRAMS
(617) 727-7273
LUDLOW OFFICE (413) 589-0738

PROGRAM AREA	TELEPHONE NUMBERS
CITY BOSTON	(617) 725-3958
ROSLINDALE/JAMAICA PLAIN	(617) 325-6565
DORCHESTER/EAST BOSTON	(617) 325-6565
BRIGHTON/ROXBURY	(617) 742-6830
BRAINTREE	(617) 848-3910
BROCKTON	(617) 583-1833
BROOKLINE/NEWTON	(617) 566-5716
CAMBRIDGE/SOMERVILLE	(617) 628-2601
CAPE COD AND THE ISLANDS	1-800-352-7178
CHELSEA/REVERE/WINTHROP	(617) 286-0550
FALL RIVER/ATTLEBORO	(617) 226-5378
FOXBORO	(617) 769-7440
FRAMINGHAM	(617) 620-0840
GLOUCESTER	(617) 281-1750
GREENFIELD	(413) 774-3747
HOLYOKE/CHICOPEE	(413) 538-9020
LAWRENCE	(617) 683-7747
LEOMINSTER	(617) 534-8558
LEXINGTON	(617) 861-0896
LYNN	(617) 599-0110
MALDEN	(617) 322-4766
MILFORD	(617) 478-0820
NEW BEDFORD	(617) 999-6400
NORTHAMPTON	(413) 584-4034
PEABODY	(617) 535-6220
PITTSFIELD	(413) 499-1950
SPRINGFIELD	(413) 733-2149
WORCESTER	(617) 755-4388

01 BERKSHIRE COUNTY OMBUDSMAN PROGRAM, PITTSFIELD
DIRECTOR: JANE CUYLER

OMBUDSPEOPLE:

Dorothy Fox	Pittsfield
Ralph Herne	Williamstown
Nelson Hine	Pittsfield
Margarita Iversen	Great Barrington
William Keen	Cheshire
Norma Luscier	Adams
Albert Maillow	Lenox
Frances Simkin	Pittsfield
Florence Wheeler	Great Barrington

02 FRANKLIN COUNTY OMBUDSMAN PROGRAM, GREENFIELD
DIRECTOR: CHRISTINE BARONAS

OMBUDSPEOPLE:

Rita Brunelle	Greenfield
Phyllis Carlson	Greenfield
James Duncan	Greenfield
Geneviene Grader	Turners Falls
Sue Harmon	Shelburne Falls
Blanche Hempel	Greenfield
George McLaughlin	Greenfield
Jim Ryan	Bernardston
J. Clement Schuler	South Deerfield
Diana Surgies	Shelburne Falls

03 HIGHLAND VALLEY OMBUDSMAN PROGRAM, NORTHAMPTON
DIRECTOR: CHRISTINE BARONAS

OMBUDSPEOPLE:

Betty Adkins	Williamsburg
Patrick Ennis	Northampton
Irving Howard	Amherst
Ed Lambert	Florence
Joe Mieleszko	North Hatfield
Leonie Milne	Westfield
Marion Nicholay	Pelham
Gladys Piorkowski	Southampton
Ruth Stern	Westfield
Rena Zachary	Florence

04 HOLYOKE/CHICOPEE OMBUDSMAN PROGRAM, HOLYOKE
DIRECTOR: KATHERINE NOWAK-CRANE

OMBUDSPEOPLE:

Warren Arnold	Chicopee
Stella Bys	Chicopee
Eva Davidson	South Hadley
Harvey Holway	Holyoke
Alice Reardon	South Hadley Falls
Kenneth Young	Chicopee

05 COUNCIL OF CHURCHES OMBUDSMAN PROGRAM, SPRINGFIELD
DIRECTOR: PATRICK McMAHON

OMBUDSPEOPLE:

Marshall Colley	West Springfield
Dorothy Eldridge	Monson
Ann Filler	Longmeadow
Pearl Grumoli	Springfield
Irene Henness	Springfield
George Kline	Springfield
Barney Levine	Springfield
Marcilene Matrow	Monson
Terri Nowicky	Springfield
Victor Rosenlund	Monson
Rita Tuckey	Springfield

06 CONSUMER ADVOCATES OMBUDSMAN PROGRAM, LEOMINSTER
DIRECTOR: DARLENE HUMPHREY

OMBUDSPEOPLE:

Ruth Cormier	Templeton
Gloria Kovac	Leominster
Julius Levine	Leominster
Allis Lucas	Gardner
Helen Schaff	Leominster
Pauline Sproul	Bolton
Doris Valois	Leominster
Martin Walsh	Gardner

07 AGE CENTER OF WORCESTER OMBUDSMAN PROGRAM, WORCESTER
DIRECTOR: KIM A. LUTHMAN

OMBUDSPEOPLE

Esther Bedrosian	Worcester
William Carr	Worcester
John Glowick	Auburn
Beryl Gould	Worcester
Frank Hall	Shrewsbury
Dorothy O'Brien	Oxford
Edward Picard	Leicester
Eva Reidy	Sutton
Max Rosene	Worcester
Eileen Snow	Leicester
Priscilla Sweeney	Worcester

08 VALLEY ADULT COUNSELLING OMBUDSMAN PROGRAM, MILFORD
DIRECTOR: ANN LEWIS

OMBUDSPEOPLE:

Grace Bazinet	Webster
James Carroll	Franklin
Loraine Hanson	Northbridge
Elizabeth Huard	Webster
John LaValley	Bellingham
Florence Ritzer	West Brookfield
Ambrose St. George	Southbridge
Elizabeth Stickney	West Upton

09 SENIOR HOME CARE OMBUDSMAN PROGRAM, GLOUCESTER
DIRECTOR: BETTY HILL

OMBUDSPEOPLE:

Edith Bedell	Gloucester
Delores Brown	Ipswich
Edith Glatfelter	Gloucester
Helvi Maki	Gloucester

10 NORTH SHORE OMBUDSMAN PROGRAM, PEABODY
DIRECTOR: PAMELA MACDONALD

OMBUDSPEOPLE:

Anna Connors	Marblehead
Mary Franggos	Peabody
Carol MacMillan	Danvers

11 GREATER LYNN SENIOR SERVICES OMBUDSMAN PROGRAM, LYNN
DIRECTOR: BETTY DEMPSEY

OMBUDSPEOPLE:

Norman Altshuler	Peabody
Clara Brown	Saugus
Stella Butman	Saugus
Lorraine Kench	Lynn
Irene M. McPhie	Lynn
Germaine Nichols	Lynn
Philip Tanzer	Swampscott
Joseph Winer	Lynn
Despena Zervas	Wakefield

12 CHELSEA/REVERE/WINTHROP OMBUDSMAN PROGRAM, REVERE
DIRECTOR: BARBARA LAVIN

OMBUDSPEOPLE:

Ann Burns	Revere
Max Erman	Winthrop
Ida Goisman	Chelsea

13 MYSTIC VALLEY (JFC'S) OMBUDSMAN PROGRAM, MALDEN
DIRECTOR: ANDREA LIEBERMAN

OMBUDSPEOPLE:

Estelle Bertolino	Stoneham
Cecily Dean	Medford
Helen Desmond	Medford
Mary Diamond	Melrose
Madelyn Duquet	Malden
Kay Kelly	Malden
Valerie Moore	Wakefield
Anna Revelas	Malden
Effie Ricci	Malden
Nancy Shaw	Wilmington
Ann Shepard	Malden
Sister Mary Joanna	Medford
Nancy Wills	Malden

14 SOMERVILLE/CAMBRIDGE OMBUDSMAN PROGRAM, SOMERVILLE
DIRECTOR: JENNI CALDWELL

OMBUDSPEOPLE:

Muriel Armistead	Arlington
Viola Herbert	Somerville
Cathy Higgins	Cambridge
Blake Prendergast	Cambridge
Constance Schleeta	Somerville
Mary Scully	Somerville
Virginia Stephenson	Cambridge
Dr. Vernonica Ticza	Cambridge

15 MINUTEMAN OMBUDSMAN PROGRAM, LEXINGTON
DIRECTOR: NANCY SAUNDERS

OMBUDSPEOPLE:

Marian Allison -	Lincoln
Larry Cannariato	Reading
Joanne Chuslo	Lexington
Edward Culverhouse	Harvard
Anita Culverhouse	Harvard
Betty Dunbar	Lexington
Patty Ficher	Lexington
Murray Foss	Concord
Nancy Girard	Winchester
Betty Graham	Woburn
Geraldine Kelly	Concord
Hugh Nazor	Concord
Virginia Nussbum	Lexington
Gertrude O'Sullivan	Arlington
Kay Roop	Lexington
Marie Yasi	Burlington

16 WEST SUBURBAN (JFC'S) OMBUDSMAN PROGRAM, BROOKLINE
DIRECTOR: JANET RUBOY

OMBUDSPEOPLE:

Ernest Ames	Newton
Mary Barber	Chestnut Hill
Louise Cronin	Hyde Park
Martha Frantz	Wayland
Mary Glidden	Wellesley
June Gosule	Weston
Michael Kennedy	Somerville
Ann Lennihan	Newton
Frances Mondlick	Milton
Mary O'Brien	Needham
Esther Rothkopf	Newton
Ruth Ryan	Brookline
Maurice Slater	Newton
Dorothy Smith	Waltham
Arthur Thibeault	Waltham
George Williamson	Belmont

17 BAYPATH SENIOR CITIZENS OMBUDSMAN PROGRAM, FRAMINGHAM
DIRECTOR: HARRIET SIEGAL

OMBUDSPEOPLE

Maureen Bothwell	Wellesley
Marjorie Broad	South Natick
Doris Collanton	Marlboro
Martha Curran	Sudbury
Madeline Driscoll	Westboro
Selma Hughes	Natick
Ellie Kolman	Natick
Dorothy MacLeod	Natick
Maureen McCauley	Wayland
Claire Mosgofian	Natick
Marion Newman	Framingham
Mary O'Connor	Framingham
Alice O'Neill	Natick
Ron Ordway	Natick
Catherine Quinlan	Westboro
James Sullivan	Framingham
Patricia Thompson	Wayland
Alice Williamson	Sudbury

18 HEALTH & SOCIAL SERVICE CONSORTIUM OMBUDSMAN PROGRAM, (HESSCO)
FOXBORO
DIRECTOR: SUSAN JOHNSON

OMBUDSPEOPLE:

Margaret Amirault	Norwood
Henrietta Becks	Sharon
Edith Bishop	Plainville
Irving Black	Walpole
Morris Casso	Sharon
Dorothy Cottulli	Canton
Anna Halamaj	East Walpole
Alyce Laplante	Sharon
Margaret McKillop	Sharon
Bernadette Merchant	Canton
George Oberbeck	East Walpole
Elsie Ransdell	Millis
Marion Ware	Bellingham

19 SOUTH SHORE ELDER SERVICES OMBUDSMAN PROGRAM, BRAINTREE
DIRECTOR: VONNE BARNETT

OMBUDSPEOPLE:

Sylvia Cenzalli	Weymouth
Eleanor Condon	Milton
Eileen Corbett	Scituate
Dorothy Hollandsworth	Quincy
Loretta Feeney	Canton
Ruth Ford	Canton
Joe Gaudreau	Weymouth
Connie Gaudreau	Weymouth
Rachel Glick	Quincy
Mary Lou Hodgkins	Bourne
Barbara Konowitz	Weymouthport
Barbara Kraft	Duxbury
Margaret Lanzendorfer	Quincy
Sr. Patricia Miguel	Braintree
Valerie Murphy	Marshfield Hills
Margaret O'Donnell	Scituate
Penny Peterson	Norwell

20 OLD COLONY PLANNING COUNCIL OMBUDSMAN PROGRAM, BRAINTREE
DIRECTOR: SUE RYAN

OMBUDSPEOPLE:

Enzio Alto	Bridgewater
Carole Beals	Middleboro
Alice Cahill	Middleboro
Paul D'Angelo	West Bridgewater
Yolanda DeSilva	Halifax
Eleanor Hutchings	Bridgewater
Joseph Lawler	No. Easton
Marcy Littlefield	Marshfield Hills
John Moccia	Marshfield Hills
Norman Sorgman	Bridgewater
George Spiegel	Stoughton
Eugene Vogt	Stoughton

21 BRISTOL COUNTY ELDERLY SERVICES OMBUDSMAN PROGRAM, FALL RIVER
DIRECTOR: SALLY KNOX

OMBUDSPEOPLE:

Charles Carpenter	So. Attleboro
Pauline Cleary	Bridgewater
Dora Ferreira	Somerset
Harry Finkelstein	Fall River
Roy Nelson	Attleboro
Frank Nilson	Mansfield
Harold Smith	Swansea
Yvette Taylor	Fall River
Mary Lou Williams	Fall River

22 COASTLINE ELDER SERVICES OMBUDSMAN PROGRAM, FAIRHAVEN
DIRECTOR: FRANK SILVA

OMBUDSPEOPLE:

Ilene Dubois	New Bedford
Yvonne Mello	No. Dartmouth
Edith Mello	New Bedford
Rene Menard	New Bedford
Frances Milette	Fairhaven

23 CAPE COD & ISLANDS/SOUTH DENNIS OMBUDSMAN PROGRAM, SOUTH DENNIS
DIRECTOR: RALPH GOLDING

OMBUDSPEOPLE:

Alma Amoroso	Centerville
Beatrice Bahm	W. Yarmouth
Virginia Bechtel	E. Yarmouth
John Gottlieb	W. Harwich
Penny Grimes	Nantucket
Russell Holt	S. Wellfleet
Mary Howard	Dennisport
Alberta Kucha	Dennisport
Sonia Olson	W. Yarmouth
Evelyn West	Sandwich
Edith West	Sandwich

24 ELDER SERVICES OF THE MERRIMACK VALLEY OMBUDSMAN PROGRAM
LAWRENCE
DIRECTOR: BETTY PHANEUF

OMBUDSPEOPLE:

Gini Fowler	Lowell
Cecila Mathos	Lawrence
Victor Miele	No. Andover
Yvonne Jones	Haverhill
Anna Radzukinas	Haverhill
Nellie Richards	Groveland
Lillian Shapiro	Newburyport
Mildred Wilen	Lowell
Galina Wood	Dracut

25 & SOUTHWEST BOSTON OMBUDSMAN PROGRAM
26 BOSTON AREAS I AND III.
DIRECTOR: MARIETTA McCARTHY

OMBUDSPEOPLE:

Anne Bloomberg	Hyde Park
Louis Bloomberg	Hyde Park
Frances Duca	Quincy
Edward Goldberg	Canton
Harry Gould	Chestnut Hill
Lorraine Gozzo	Westwood
Helen Greenstein	Brighton
Marilyn Headen	Dorchester
Barney Jaffe	Chestnut Hill
Hyman Kitover	West Roxbury
Mary McManus	Hyde Park
Kathleen Tedesco	Roslindale
Dorothy Thomas	Mattapan

27 CITY MISSION SOCIETY OMBUDSMAN PROGRAM, BOSTON AREA II
DIRECTOR: MARIA BURELL

OMBUDSPEOPLE:

Arthur Baldwin	Needham
Peg Jacobs	Concord
Dorothy Kimble	Roxbury
David King	Boston
Helen Myrick	Watertown
Barbara Smith	Mattapan

AR